

SECTION V.2. Waiting List Procedures

Active Choices for Care (CFC) participants who meet the “High Needs” clinical criteria at reassessment will not be terminated from services as long as they continue to meet all other CFC eligibility criteria. (*See Section II. Eligibility*)

New Long-Term Care Medicaid (CFC) applicants who meet the “High Needs” clinical criteria may be placed on a waiting list if State funds are not available at the time of referral, using the following procedures:

1. If funds are not available at time of application, **Department of Disabilities, Aging and Independent Living (DAIL) staff** will complete a High Needs Wait List Score Sheet.
2. A score will be generated based on the individuals Activities of Daily Living (ADL), Cognition, Behavior, Medical Conditions/Treatments and Risk Factors.
3. **DAIL staff** will then place the individual on a waiting list in order of score.
4. **DAIL staff** will notify the individual in writing that they have been found clinically eligible for the High Needs Group and have been placed on a wait list. The case management agency that the applicant chose on the application will be in contact with them. Appeal rights will also be included in the notice.
5. **DAIL staff** will forward a copy of the CFC program application and Wait List Score Sheet to the Case Management (CM) agency indicated on the application. The application will not be sent if the CM agency assisted in completing the application.
6. The **case manager/agency** will contact individuals on the “High Needs” wait list on a monthly basis to monitor if they have had a change in their health or functional needs and complete the High Needs Waiting List Monthly Follow-Up Sheet.
7. If the individual has had a significant health or functional status change the **case manager** will contact DAIL staff. **DAIL staff** shall reassess for clinical eligibility determination and/or rescore for wait list. Agencies are encouraged to use the Triggers for High Needs Wait List Referral for Clinical Review as a guide to determine if another clinical assessment is warranted.
8. Each case management agency designee (determined by the CM agency) will ensure that a copy of the follow-up sheet for all applicants on the High Needs wait list monitored by their agency is brought to the CFC waiver team meeting each month.
9. **DAIL staff** & providers will review the wait list with the CFC waiver team at monthly meetings.

10. **DAIL staff** will collect all the High Needs Waiting List Follow-up Sheet and forward a copy to DAIL in Waterbury with the High Needs Wait List report from SAMS.
11. **DAIL staff** in Waterbury will follow up with the CM agency if any High Needs Waiting List Monthly Follow-up Sheets are missing.
12. Applicants on a waiting list shall be admitted to the Choices for Care waiver as funds become available, according to procedures established by the Department and implemented by regional Choices for Care waiver teams. The Choices for Care **waiver teams** shall use professional judgment in managing admissions to the Choices for Care waiver, admitting individuals with the most pressing needs. The teams shall consider the following factors:
 - a. Unmet needs for ADL assistance;
 - b. Unmet needs for IADL assistance;
 - c. Behavioral symptoms;
 - d. Cognitive functioning;
 - e. Formal support services;
 - f. Informal supports;
 - g. Date of application;
 - h. Need for admission to or continued stay in a nursing facility;
 - i. Other risk factors, including evidence of emergency need; and
 - j. Priority score.
13. When funding is allocated to an individual, **DAIL staff** will notify the individual and continue the CFC application process.

